03/17/2009 12:24 FAX 443 436 1256

CTR. LANGUAGE & SPEECH

2004/008

Supplemental Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Subject Matter::

Suggested Group Art Unit:: CD-ROM or CD-R?:: Sequence submission?::

Computer Readable Form (CRF)?::

Title::

Attorney Docket Number::

Request for Early Publication?:: Request for Non-Publication?::

Small Entity?:: Petition included?::

Secrecy Order in Parent Appl.?::

09/699.098

10/27/00 Regular

Utility 2165 None

None No

SECURE DATA INTERCHANGE

P0813.70016US02

No No Yes

No No

Applicant Information

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name:: Middle Name:: Family Name::

City of Residence::

State or Province of Residence:: Country of Residence::

Street of mailing address::

City of mailing address:: State or Province of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type::
Primary Citizenship Country::

Status:

Given Name:: Middle Name:: Family Name::

City of Residence::

State or Province of Residence:: Country of Residence::

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City of mailing address::

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Page #1

Supplemental 03689088 10/27/00 01/09/08

CTR. LANGUAGE & SPEECH

21005/008

State or Province of mailing address:: UT

84105-1703 Postal or Zip Code of mailing address::

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name:: Middle Name::

Family Name:: City of Residence::

State or Province of Residence:: Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address:: Postal or Zip Code of mailing address::

Applicant Authority Type:: Primary Citizenship Country:

Status::

Given Name:: Family Name:: City of Residence::

State or Province of Residence:: Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address:: Postal or Zip Code of mailing address::

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name:: Middle Name:: Family Name::

City of Residence::

State or Province of Residence::

Country of Residence:: Street of mailing address:: City of mailing address::

State or Province of mailing address:: Postal or Zip Code of mailing address::

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Page # 2

Supplemental 09698098 10/27/00 01/09/08

03/17/2009 12:25 FAX 443 436 1256

CTR. LANGUAGE & SPEECH

⊠006/008

Representative Information

Representative Customer Number::

23628

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/161640	10/27/99
This Application	An application claiming the benafit under 35 USC 119(e)	60/206538	05/23/00

Foreign Priority Information

Assignee Information